

# **Heritage Impact Assessment of the Nessie Knight Hospital near Qumbu, and the Mjanana District Hospital near Encobo, both Eastern Cape**



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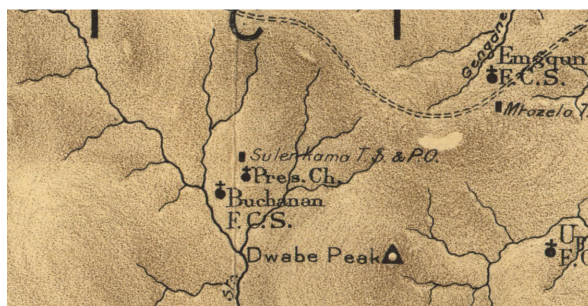
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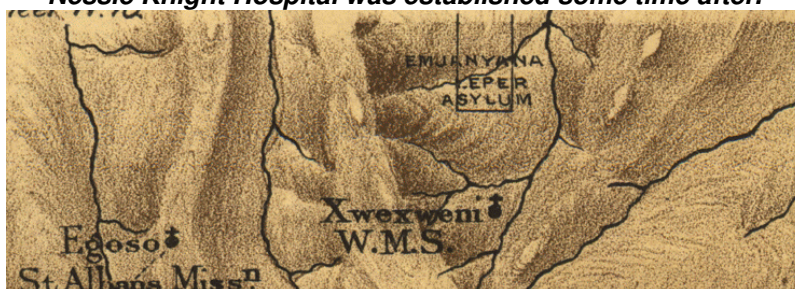
## A. Introduction

Debbie Whelan of Archaic Consulting, Historic Built Environment Specialists, was requested to inspect the Nessie Knight and Mjanyana Hospitals in the Eastern Cape. This involved the up-skilling of student Sihle Memela employed as an in-service architectural trainee at Archipod cc, the Business Unit of the Department of Architecture at the Durban University of Technology. The reason for this project is the extension of both rural hospitals in order to be able to cater for larger marginalised communities in rural areas in the northern and central sections of the Eastern Cape Province. This involves the necessary demolition of structures at both institutions, and the impact of these, and their mitigation, has to be assessed.

Sulenkama is an historic Church of Scotland Mission Station situated west of the town of Qumbu. Mjanyana (or eMjanyana) functioned as a leper colony in the Cape Colony, the Cape Province in the Union of South Africa, and the former Transkei until its decommissioning in the 1980s.



**Figure 1: Map ca 1905 showing the position of Sulenkama trading store and post office. The Nessie Knight Hospital was established some time after.**



**Fig 2: Excerpt from same map showing the Mjanyana Leper Asylum**

## B. Methodology

Due to variant factors, a site inspection was carried out by the above parties from the 17<sup>th</sup> to the 19<sup>th</sup> April 2013. Both sites were visited and their heritage resources flagged. Given that these sites are in the Eastern Cape, archival material in Cape Town was not verified, but information gleaned from its online descriptors. Mrs Biyana at Mjanyana kindly made some of the history of the site available and the pamphlet 'Sulenkama' published as a fund raising document by the Nessie Knight Club<sup>1</sup> in the 1940s was sourced at the Killie Campbell Museum. Please note that both sites have above ground heritage resources that will be affected, and recommendations are formulated in order to reach a happy medium between development in isolated rural areas and the value of the heritage resource.

Development proposals indicating the extent of the footprints of the new developments were made available, and these were used as a baseline to inform the extent of the survey. Given the scale of the sites, only those buildings identified as being affected, as well as those that may fall prey once development commences, have been studied. Please note also that the importance of the role of this hospital and its staff in the lives of people around Sulenkama since the 1920s cannot be overstated.

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<sup>1</sup> The Nessie Knight Club was formed by Dr. Robert Lamb Paterson's wife, Nessie Knight, in order to raise funds for the Church of Scotland Hospital through donations from wealthy Glaswegian Society.



### C. Nessie Knight Hospital, Sulenkama

The Nessie Knight Hospital is an extensive complex of buildings focussed around a central hospital building constructed in 1938. It started off in a modest fashion, and, indeed, its development has been nothing less than incremental. Random buildings of different periods are found across the site. However, there is a consistent ethos of complex spaces which make it an unsterile environment, evoking the days of its mission hospital status.



**Fig 3: Aerial view of Nessie Knight Hospital complex showing affected buildings hatched.**

The Mission house, School and Church was established at Sulenkama in around 1890.<sup>2</sup> The Nessie Knight fundraising Pamphlet '*Sulenkama*' (ca 1940) documents its early history, and, indeed, elements of its actual construction. Certainly the main development of the hospital was under the aegis of Robert Lamb Paterson, a missionary doctor who, with his wife Nessie was responsible for its expansion. Paterson opened the first dispensary from a mud brick building on the site in 1927 (Building 9 on in Figure 3 above), on the crest of the hill and by the late 1930s a full hospital with

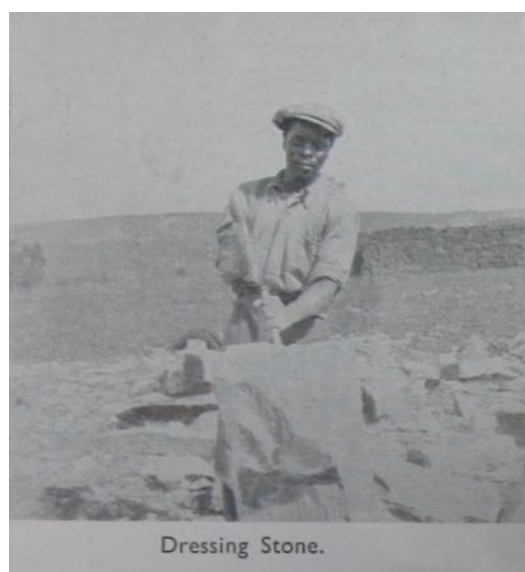
<sup>2</sup> Some of these buildings are found at the lower end of the site, and are not to be affected. The Mission House is situated in the complex of buildings that forms the hospital, and this will be demolished in order to establish the wings of the new building.

general wards (Main wards on Figure 3 above) operating theatres (Building 4 on Figure 3 above), and nurse's quarters (Building 5 and others under the appendage 'NQ' on Figure 3 above) was opened



**Figure 4: Sulenkama showing Mission House in the centre and school to the right – ca 1920 (Sulenkama Pamphlet, Killie Campbell Collections)**

It is important to reinforce that this hospital was distant from Qumbu, and as such, its development relied on use of local resources. The bricks were all made on site, out of a dark clay with a large amount of coarse material, and it is probably this material constitution that has led to the degradation of many of the bricks on the buildings. A photograph from the pamphlet on Sulenkama published by the Nessie Knight Club is evidence of this work (see figures 5 and 6 below).



**Fig 5: Stone dressing**



**Fig 6: Brickmaking**

Effort was taken to landscape the site from early on in its development as photographs from the pamphlet show, and today the vestiges of this gardening effort are found in the boxed may bushes which delineate areas and pathways. This is evidence of both vision and undertaking, and forms part of the cultural landscape of the original hospital.

The buildings on the site are ill-maintained. This has resulted in much damage at foundation level, particularly regarding leaking septic tanks and French drains. This issue has to be tackled in tandem with the construction of the new extensions to the hospital.

The intention is to demolish a number of buildings to the east of the main wards, including the rear extension, the dispensary, the workshops, and the nurse's quarters. The mission house will also be affected. Other buildings numbered 14 and 15 on Figure 3 are also to be demolished in the future, allowing for a second phase expansion.

## C.1 Main Ward building

This is a symmetrical building which has been subject to incremental development and some rather unfortunate accretions. The front part is coherent and will not be affected, but the rear sections, noted as building No 4 in Figure 3, is intended for demolition. The latter is asymmetrical, unlike the main façade, and is irrational in its layout, making it a rabbit warren and difficult to reuse, or improve. Of note is the wide passageway running through from front to back joining the two. Furthermore, building 2 (an electrical substation) and building 3 have been positioned so that the spaces between these and the main wards and its extension buildings are not conducive for use nor aesthetically pleasing.



**Figure 7: Main ward building opened by the Right Honourable Lord Maclay, President of the Nessie Knight Club, in May 1938. The foundation stone is to the right of the entrance.**

The main wards, as noted, are symmetrical around a central projecting entrance. This entrance is simply articulated, with a graceful staircase rising to floor level before entering a portico lined with stretcher bond brick and leading through mahogany half-glazed doors. To each side is a steel cottage pane casement window with a precast cill. At the top of the steps is a raised landing on each side on which stands matching jardinières. Symmetrical brick chimneys top this section.



**Fig 8: Completed entrance from the north Fig 9: Main wards under construction  
Photos from Sulenkama Pamphlet ca 1940, KCC.**

Set back from the entrance are two deep verandas topped with a painted and polished granolithic screed with brick columns. The walls are lined with cottage pane steel windows, matching the ones in flanking the entrance. Due to the change in ground level, the veranda to the south has a set of steps, whilst the one to the north has a steel ladder.

Symmetrically arranged to both sides, are extensions which angle forward slightly, enclosing space. To extension to the north is double story due to the fall in level across the site, and that to the south is single story. Large chunks of rough cast plaster have fallen off these walls and the bricks are exfoliating from lack of maintenance, possibly an incorrect paint choice and rising damp. These



extensions were possibly constructed reasonably quickly after the initial hospital, with the accretions to the rear forming Building 4 in the Figure 3 occurring afterwards. The first building and its extensions was rationally planned, the rest appear to have been utilitarian and practical decisions.<sup>3</sup>



**Fig 9: Double store extension (north)**



**Fig 10: Plaster spalling – damp and lack of maintenance**

The rear of the building consists of a massive glazed veranda with timber framed window enclosures. Low level steel framed casement windows allow light into basement rooms. Given the lack of maintenance to these timber frames, many are rotting and need repair. However, it appears that this part of the building will be sutured onto the new extension. As noted earlier in this report, water damage at foundation level is severely affecting elements of this elevation.



**Fig 9: Enclosed veranda on rear elevation of main building**



**Fig 10: Veranda from Sulenkama Pamphlet (ca 1940) KCC**

The walls are painted locally-made bricks, with a projecting string course which carries through the elevation tying the building up from the verandas at the front around to the back. Below the string course is rough-cast plaster painted grey. On the northern extension this plaster is spalling badly due to water retention problems through lack of maintenance. The roof is red painted corrugated sheeting.

Main Wards	Local	Regional	National	International
architectural	high	low	low	low
historical	high	low	low	medium
social	high	low	low	medium
technical	low	low	low	low
scientific	low	low	low	low

<sup>3</sup> This random and rapid expansion is reinforced by the note in the Sulenkama pamphlet (ca 1940:5), that the hospital 'grew from 12 to 20,30,40 beds'.

**Statement of significance:**

**Architect designed, the main ward building has high significance locally and medium significance on an international level given the construction through public subscription by the Nessie Knight Club based in Glasgow. Furthermore, this building represents sustained endeavour to benefit members of the local community through the efforts of Robert Lamb Paterson and his wife. Architecturally it is simple but considered. It also represents an early use of steel windows.**

**Recommendation: MAIN WARD BUILDING**

**Demolition is not an option at this point. The building is solid and well built, but at the same time needs urgent and well supervised maintenance. The services of an appropriate heritage architect should be engaged in informing the links between the old building and the proposed new extension in line with prevailing conservation charters. A defined but negative junction must separate the two buildings, and it is recommended that the new building take some clues such as massing and proportion of fenestration, openings and structure from its existing precedent.**

## **C.2 Electrical Substation - Building no 2**

This is small substation of painted standard masonry construction with a corrugated sheeting roof of recent construction, most likely 1980s. It is featureless and is not noted as being earmarked for demolition: however, should it be demolished there is no heritage value in it whatsoever.

<b>Substation</b>	<b>Local</b>	<b>Regional</b>	<b>National</b>	<b>International</b>
<b>architectural</b>	low	low	low	low
<b>historical</b>	low	low	low	low
<b>social</b>	low	low	low	low
<b>technical</b>	low	low	low	low
<b>scientific</b>	low	low	low	low

**Statement of significance: Low and of no heritage value.**

**Recommendation: ELECTRICAL SUBSTATION (2)**

**Demolition, should it be sought, is an option.**



### C.3 Hospital building - Building no 3

This building, like that above, is of recent construction: probably built simultaneously. It is of standard masonry construction with an asymmetrical corrugated 'Big Six' roof with clerestory windows indicating the route of the spinal corridor. It has standard section steel windows with asbestos cills. It is utilitarian and unremarkable.



**Fig 11 and 12: Hospital building from south west and north west**

Hospital building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: Low and of no heritage value.**

**Recommendation: NEW HOSPITAL BUILDINGS (3)**

**Demolition, should it be sought, is an option.**

### C.4 Later hospital extensions - Building no 4

Building 4 is those accretions that are situated as extensions to the original hospital building at the rear of the main wards. Diagnostic features such as window cills and ventilation bricks show that this building was constructed in a number of different phases, which has led to a rabbit warren of spaces which are difficult to use inside, and outside a series of small, useless, courtyard spaces results. Furthermore, cascading roof heights on the north-eastern extension, add to the lack of syncretism.



**Figs 13 & 14: Rabbit warren of spaces forming the rear extension to the main hospital**



**Fig 15 & 16: rear elevation – note roof heights and mahogany doors**

A redeeming feature of this building is the set of mahogany doors which are located on the veranda on the long north eastern elevation. It is recommended that these doors can be redeployed, perhaps at the junction of the old building and the proposed new extension to the rear.

The buildings are all of painted locally made bricks with corrugated-iron. Variant standard steel windows are used, and the lack of cohesion of such elements leads to its discord.



**Figs 17 & 18: Showing random planning and the resultant inefficient and useless spaces.**

Rear extensions	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: The incremental extensions to the main wards have low architectural significance and limited possibility for recycling.**

**Recommendation: REAR EXTENSIONS TO MAIN WARDS (4)**

**Demolition is an option and it is recommended that the entrance doors on the north eastern elevation be reused in the design of the proposed extension to the main wards.**

## C.5 Building 5 - Old rondawel

Given diagnostic features, this rondawel of mud brick and gumpoles is very likely to be over the age of 60 years and thus subject to protection in terms of the South African National Heritage Act. It has been plastered in the past, most of which is spalling, and its thatch roof is long gone. A steel window has been added to the south. The practicality of its repair and reuse is limited, and it is felt that it is important to concentrate the repair and reuse of such buildings to other parts of this site.

Given the history of the hospital, this was most likely accommodation of some sort, such as overnight accommodation for visitors.



**Figs 19&20: Old mud brick rondawel**

Old Rondawel	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: An example of historic structures on the site.**

**Recommendation: OLD RONDAWEL (5)**

**Due to its condition and location within the extended development, demolition is an option**

## C.6 Building 6 – Mud brick building



**Figs 21&22: Mud brick building showing steel windows and wooden stable door**



Given diagnostic features, this square mud brick building is very likely to be over the age of 60 years and thus subject to protection in terms of the South African National Heritage Act.

This building is evocative of a number of similar buildings on site, which were used in the past as accommodation for nurses. These are dealt with separately. However, it was also most likely used as accommodation.

This example is located distant from the other examples, and is different as it has a steel window inserted on the south western façade. The south eastern façade has a small 6/6 sliding sash window, and the north-eastern façade a wooden stable door. The north-western façade has had top-hung steel section windows inserted. The roof is still thatched, and the walls comprise mud bricks which have been plastered. It has had a heavy concrete dado inserted which has possibly added to the degradation of the building. Attempts have been made over the years to repair the building, but with cement plaster.

Given the prevalence of similar buildings on site, it is felt that it is pragmatic to concentrate on adaptive reuse of other examples rather than focus on this building.

<b>Mud brick building</b>	<b>Local</b>	<b>Regional</b>	<b>National</b>	<b>International</b>
<b>architectural</b>	low	low	low	low
<b>historical</b>	low	low	low	low
<b>social</b>	low	low	low	low
<b>technical</b>	low	low	low	low
<b>scientific</b>	low	low	low	low

***Statement of significance: An example of historic structures on the site.***

***Recommendation: OLD MUD BRICK BUILDING (6)***

***Due to its condition and location within the extended development, demolition is an option***

## **C.7 Building 7 – Mono-pitch structure**

This building is an unremarkable masonry-constructed building with a parapet wall to the north-west. It has meranti timber doors and steel windows. All diagnostic features point to relatively recent construction.



***Fig 23: Mono-pitch structure***

<b>Mono-pitch structure</b>	<b>Local</b>	<b>Regional</b>	<b>National</b>	<b>International</b>
<b>architectural</b>	low	low	low	low
<b>historical</b>	low	low	low	low
<b>social</b>	low	low	low	low
<b>technical</b>	low	low	low	low
<b>scientific</b>	low	low	low	low

***Statement of significance: Of no heritage significance***

***Recommendation: MONO-PITCH STRUCTURE (7)***

***Demolition, should it be sought, is an option.***

## **C.8 Building 8 – New hospital building**



***Fig 24: New hospital building***

Possibly built at the same time as buildings 2 and 3 above, this building is of recent construction. It has a simple double-pitched corrugated sheeting roof, and is constructed to standard details using standard materials. It has meranti doors and steel windows and is unremarkable; it has no heritage value.

<b>New hospital building</b>	<b>Local</b>	<b>Regional</b>	<b>National</b>	<b>International</b>
<b>architectural</b>	low	low	low	low
<b>historical</b>	low	low	low	low
<b>social</b>	low	low	low	low
<b>technical</b>	low	low	low	low
<b>scientific</b>	low	low	low	low

***Statement of significance: Of no heritage significance***

***Recommendation: NEW HOSPITAL BUILDING (8)***

***Demolition, should it be sought, is an option.***

## C.9 Building 9 - The old dispensary

This is perhaps the most important building on the site. This plastered and painted mud brick building has a hipped thatched roof which has been covered with corrugated sheeting. At its entrance is a plaque noting that this was the first dispensary at Sulenkama. 6/6 timber sash windows are found to 3 elevations. It served as the first dispensary on the site, dating to 1927. It was from this that the rest of the hospital developed.

Photographs of the dispensary are found in the Nessie Knight Club pamphlet 'Sulenkama' from the Killie Campbell Collections (See figs 26 and 27 below).



**Fig 25: Plaque at entrance to dispensary**



**Fig 26: Photograph of dispensary ca 1940 (KCC)**



**Fig 27: Interior of dispensary ca 1940 (KCC)**



**Fig 28: Front elevation of dispensary**



**Fig 29: Dispensary from north**



**Fig 30: Dispensary from south**



It is noted that, in an environment in which little maintenance has been carried out on the main building for many years, this little building has not only been maintained, but has a plaque recording its origin. Some inappropriate changes have been made, such as the insertion of a new door, and the erection of plastic gutters to the roof. The building is also plastered and painted. Little evidence of the efforts of Robert Lamb Paterson appear to exist on the site, and this building's good condition and careful preservation shows a single acknowledgement of this.

Old dispensary	Local	Regional	National	International
architectural	high	high	low	low
historical	high	high	low	medium
social	high	high	low	low
technical	high	high	low	low
scientific	low	low	low	low

**Statement of significance:** *Highly significant locally and regionally. It is strongly recommended that the current design proposals endeavour by all means to retain this building, (enclosed within a courtyard?) and that it serves as a museum of the Nessie Knight Hospital in the new development.*

**Recommendation:** *OLD DISPENSARY (9)*

*Demolition, should it be sought, is NOT an option.*

#### C.10 Building 10 - Old industrial building



**Fig 31: Industrial building showing exfoliated brick skin Fig 32: Industrial building from north**



**Fig 33: Industrial building from west**

This structure is an old industrial building, possibly functioning as a mill or similar. It is of locally-made brick, with a double pitched corrugated-iron roof and steel windows. Its condition is extremely dilapidated: on the southern side the brick has collapsed to such a degree that the external skin has fallen away, compromising structural integrity.

It is of an age which affords it automatic protection. However, the value of adaptive reuses is limited, and would also be an expensive exercise.

Industrial building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

***Statement of significance: Although this building is most likely over the age of 60 years, it has limited heritage significance and is in a dilapidated condition.***

***Recommendation: INDUSTRIAL BUILDING (10)***

***Demolition, should it be sought, is an option.***

### C.11 Building 11 – Workshop



The workshop is a brick and mortar structure under a corrugated sheeting roof, of more recent construction. It has steel windows and roller shutter doors. It is utilitarian and unremarkable in its construction.

***Fig 34: Workshop from west***

Workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

***Statement of significance: No heritage significance***

***Recommendation: WORKSHOP (11)***

***Demolition, should it be sought, is an option.***

## C.12 Building 12 - Building behind workshop



This building is also an industrial type building of relatively recent construction, but still using locally made bricks. It has steel windows and these have plastered bands surrounding them. It has a mono-pitch corrugated iron roof. It is architecturally unremarkable.

***Fig 35: Building behind workshop***

Building behind workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

***Statement of significance: No heritage significance***

***Recommendation: BUILDING BEHIND WORKSHOP (12)***

***Demolition, should it be sought, is an option.***

## C.13 Building 13 – Mud brick rondawel II

See comments for similar building in 3.5 above. Despite it being in better repair than its counterpart, the practicality of its repair and reuse is limited, and it is felt that it is important to concentrate the repair and reuse of such buildings to other parts of this site.

Given the history of the hospital, this was most likely accommodation of some sort, such as overnight accommodation for visitors.



***Fig 36: Old rondawel against hospital***



***Fig 37: Old mud brick rondawel against main wards***



Old Rondawel II	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: An example of historic structures on the site.**

**Recommendation: OLD RONDAWEL (13)**

**Due to its condition and location within the extended development, demolition is an option**

#### C.14 Building 14 – Hospital Building ca 1946

This building is diagnostically confusing. It is a simple structure erected some time after World War II since it was erected through funds supplied by the Governor General's National War Fund. This building is intended for development in a second phase.

Architecturally, it is unremarkable, with a hipped corrugated iron roof, and steel windows. The front entrance is the only section which demonstrates any ceremony: it has a central, deep entrance veranda which is accessed by stairs reminiscent of the main ward building, with raised benches which possibly were built to accommodate jardinières as in the main building. The dark entrance has a central door flanked by two vertically proportioned windows. Notable is the plaque mounted on the wall at the entrance, describing the origins of the funding in Xhosa.



**Fig 38: Hospital Building ca 1946 from west entrance**

**Fig 39: Plaque at west entrance**

Hospital Building ca 1946	Local	Regional	National	International
architectural	low	low	low	low
historical	medium	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: An example of historic structures on the site. Associations with a wider context as monies for its construction came from the Governor General's War Fund after World War II. The building is architecturally insignificant. The old gate attached to it should be removed and reused in the development.**

**Recommendation: HOSPITAL BUILDING ca 1946 (14)**

**Demolition, should it be sought, is an option. However, should demolition be sought, the building should be fully documented and the plaque removed. This information should form part of a display on the Nessie Knight Hospital in a museum on the site**

## C.15 Building 15 - Hospital Building



This hospital building is of plastered and painted brick and mortar construction on face brick plinth under a corrugated iron double- pitched roof with bird-proofing to the eaves. It is of recent construction. It has steel windows and painted hardwood doors. It is utilitarian and unremarkable in its construction.

**Fig 40: Hospital Building (building 15)**

Hospital Building	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: No heritage significance**

**Recommendation: HOSPITAL BUILDING (15)**

**Demolition, should it be sought, is an option.**

## C.16 Building 16 – Old mission building



**Fig 41: Old Mission Building, east north east**



**Fig 42: South west elevation**

This old Mission building, most likely a mission house, is currently housing an HIV/AIDS centre. It has been much altered over the years, but still bears the diagnostic features of its late Victorian construction, such as the iron work on the ridge of the roof, some basket arches over windows and cast iron sub-floor ventilator bricks. The verandas appear to have been added afterwards. Photographs in the 'Sulenkama' pamphlet of the first buildings were scrutinised in order to be able to match this house, but the evidence was not conclusive. This building could have operated as a school, or a house.

The building is of uncertain construction, most likely a mixture of mud and fired brick, under corrugated sheeting. Windows vary from original sash to standard steel sections, added at a later stage. It is founded on a mixture of shale and sandstone, much of which is exfoliating. Verandas have a simple 'Y' post, and the veranda to the north east is heavily buttressed to prevent it overturning.



**Fig 43: Old Mission building from south east**



**Fig 44: veranda and foundations**

Old Mission Building	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance:** *This building dates back to the early establishment of the Church of Scotland Mission and predates the origins of Nessie Knight Hospital. Its original context is unknown and not part of the ambit of this report. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

**Recommendation: OLD MISSION BUILDING (16)**

***This building is not officially threatened but it could be in danger in the new development. Should demolition be sought, a full and separate Heritage Impact Assessment should be carried out. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission***

### **C.17 Building 17 – Old Mission cottage**

An old mission cottage is situated adjacent to the building described in C16 above. It is most likely of mud brick, given the examples surrounding it, and, like the others, has a thatched roof that has been covered latterly with corrugated iron. The windows are timber casement and the veranda posts are simple timber.





**Fig 45: Old mission Cottage**



**Fig 46: Cottage, front elevation**



**Fig 47: Front of cottage ca 1927 Fig 48: Interior ca 1927**

Certainly, this building was extant in the time of Robert Lamb Paterson as this was his home for two years when he first arrived at Sulenkama (see Fig 47 and 48, both from the pamphlet 'Sulenkama').

Old Mission Cottage	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance:** *This building dates back to the early establishment of the Church of Scotland Mission and predates the origins of Nessie Knight Hospital. Its original context is unknown and not part of the ambit of this report. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

**Recommendation: OLD MISSION COTTAGE (17)**

*This building is not officially threatened but it could be in danger in the new development. Should demolition be sought, a full and separate Heritage Impact Assessment should be carried out. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission*

### 3.18 Building 18 - Accommodation block adjacent to workshop



This building consists of a row of utilitarian accommodation of mixed construction, plastered and painted under a mono-pitch corrugated sheeting roof. It has timber casement windows, but its origins are much more recent than the examples in C16 and C17 above. It has had attempts at maintenance over the years, and is currently in need of further attention. It is architecturally unremarkable and does not contribute in any major way to the cultural landscape of the site.

It is in line for demolition in the new development.

**Fig 49: Accommodation block from north east**

Accommodation block adjacent to workshop	Local	Regional	National	International
architectural	low	low	low	low
historical	low	low	low	low
social	low	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance: No heritage significance**

**Recommendation: ACCOMMODATION BLOCK ADJACENT TO WORKSHOP (18)**

**Demolition, should it be sought, is an option.**

### 3.19 Old Nurses Quarters

A series of square mud brick cottages is found across the site. Below the main hospital on the eastern slope is a continuous group of four with one located further up the slope, and two which form part of the main complex on the crest of the hill. One of these has been addressed in C6 and the other is situated close to the old mission house, and backing onto hospital buildings of more recent construction. Most, except for the latter, are either totally derelict, or in a sorry state of repair.



**Fig 50: Nurses accommodation ca 1940 (Sulenkama pamphlet) Fig 51: Row of cottages**



**Fig 52: Typical state of cottages**



**Fig 53: Finger decorations to wall**



**Fig 54: Building below main wards**



**Fig 55: Example most likely candidate for rehabilitation**

Old Nurses Quarters	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance:** *These buildings date back to the early establishment of Nessie Knight Hospital. They are a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

#### **Recommendation: OLD NURSE'S QUARTERS**

*Some of these buildings, especially those on the crest of the hill, fall within the footprint of the new development. Those on the eastern slope are theoretically largely 'untouched' but it is unlikely that they will survive the development. As threatened buildings they should be fully documented, and measured up, and the information form part of a display in the museum. It is highly recommended that one of these buildings should be identified for rehabilitation as an example in the new development. The building situated behind the mission house is possibly the best option. Should renovation or demolition be sought, a full and separate Heritage Impact Assessment should be carried out. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission*



## C.20 - Old Mission House



**Fig 56: Main elevation from east**



**Fig 57: View from north east**



**Fig 58: View from south east**



**Fig 59: View of veranda and columns**



**Fig 60: View of veranda on south**

This building is a substantial but simple late Edwardian style house, possibly constructed as the second mission house on the property. It is of locally made brick and mortar, rough-cast plastered and painted. The building is founded on stone, and evidence of this is seen in the rough dressed and pointed stone at dado level. Windows are all of steel, and there is little evidence of these replacing earlier timber ones. Cills are brick on edge, and the variant sub-floor ventilators tell of different stages in its development. Veranda columns are cumbersome tapered columns on a square base. The roof is hipped, with a central projecting bay to the main elevation containing a matching pair of windows.

There have been additions made to the house, on the southwest at the rear. However, the architecture is simple and utilitarian and this building survives as a good example of a mission house from the period. The front elevation is relatively intact. The size and material construction of the building makes it possible to reconfigure for adaptive reuse.

Old Mission House	Local	Regional	National	International
architectural	medium	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

**Statement of significance:** *This building dates back to the early establishment of Nessie Knight Hospital. It is a vital part of the cultural landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.*

**Recommendation: OLD MISSION HOUSE**

*It is noted that a portion of this building will fall within the footprint of the new development. It is recommended that the proposal be slightly altered in order to accommodate this house, and prevent its demolition. As a threatened building it should also be fully documented, and measured up, and the information form part of a display in the museum. Should renovation or demolition be sought, a full and separate Heritage Impact Assessment should be carried out on this structure. All renovation works should be supervised by an appropriately qualified heritage architect. Further research needs to be carried out on the role of the Church of Scotland in the establishment of Sulenkama Mission*

## C.21 Comments about landscape and cultural landscape

The most important feature of the entire complex at Nessie Knight is not the specific buildings themselves, but the overall endeavour that they represent. From its establishment as a Church of Scotland Mission station in the late 19<sup>th</sup> century, the bulk of the development was connected to the directorship of Dr Robert Lamb Paterson, who, together with his wife, the former Nessie Knight, developed a large mission hospital from funds actively sought both here and abroad. That some of these early buildings are still maintained, and, in fact recognised for their place in the development of this mission, is an important fact to note. This adds to the layers of importance, removing the value from a distant historical and paternalistic position to one which is recent, local and relevant. This forms part of the larger cultural landscape, in which the buildings and the tales that they tell in their positions on the site have value in memory.



**Fig 61: View to east showing May-lined parterres Fig 62: Hard landscaping outside main wards**

The physical landscape is also of import. The ‘Sulenkama’ pamphlet shows examples of the early gardening endeavours, and this ethic was patently perpetuated through the years. Importantly, this has remained up till today: although much of the more delicate landscaping within the broad structure is no longer addressed (see Fig 62), the May hedges which are old plants, continue to be boxed,

emphasising the outlines of former rose gardens and parterres. This vestigial ethos should be recognised, and landscaping carried out on the site which recognises the historical patterns, yet reinterprets it in a contemporary, perhaps more sustainable manner.



**Fig 63: Hard landscaping outside Mission House**



**Fig 64: Parterres**

## **C.22 Concluding comments**

The general footprint of the new development is acceptable in principle, removing many of the accretions at the rear of the old hospital main wards. It does not, in its current manifestation, recognise the layers of history and endeavour that comprise this cultural landscape, and that elements of this are still recognised and celebrated by the current occupants of the hospital.

To this end, the following is recommended:

- That the repair, upgrading and extensions to the main hospital be carried out in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the building housing the old dispensary be retained, possibly within a courtyard in the new complex and turned into a museum.
- That one of the nurse's quarters, most likely the one situated near the old mission house on the crest of the hill, be retained, repaired and reused in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the mission buildings at the base of the hill be renovated as part of the new development in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the mission house be retained, if possible, given that it is situated on the periphery of the development and that this be renovated for reuse in consultation with an appropriately qualified heritage practitioner and that the additions be in line with those internationally recognised principles stated in the Burra Charter.
- That the framework of the historic gardens be plotted by appropriate historical landscape professionals, and that this forms the basis for new landscaping on site.
- That further research be carried out on the role of the Church of Scotland and the mission in the development of the Nessie Knight Hospital.
- **Please note that the above recommendations do not at any point compromise the new development. They should, with suitably dexterous architectural professionals, be able to be cleanly and elegantly sutured into the new development. Furthermore, the appointment of a heritage architect on the team will enhance the manner in which the cultural and historic landscape can form a seamless connection with the needs of the present.**

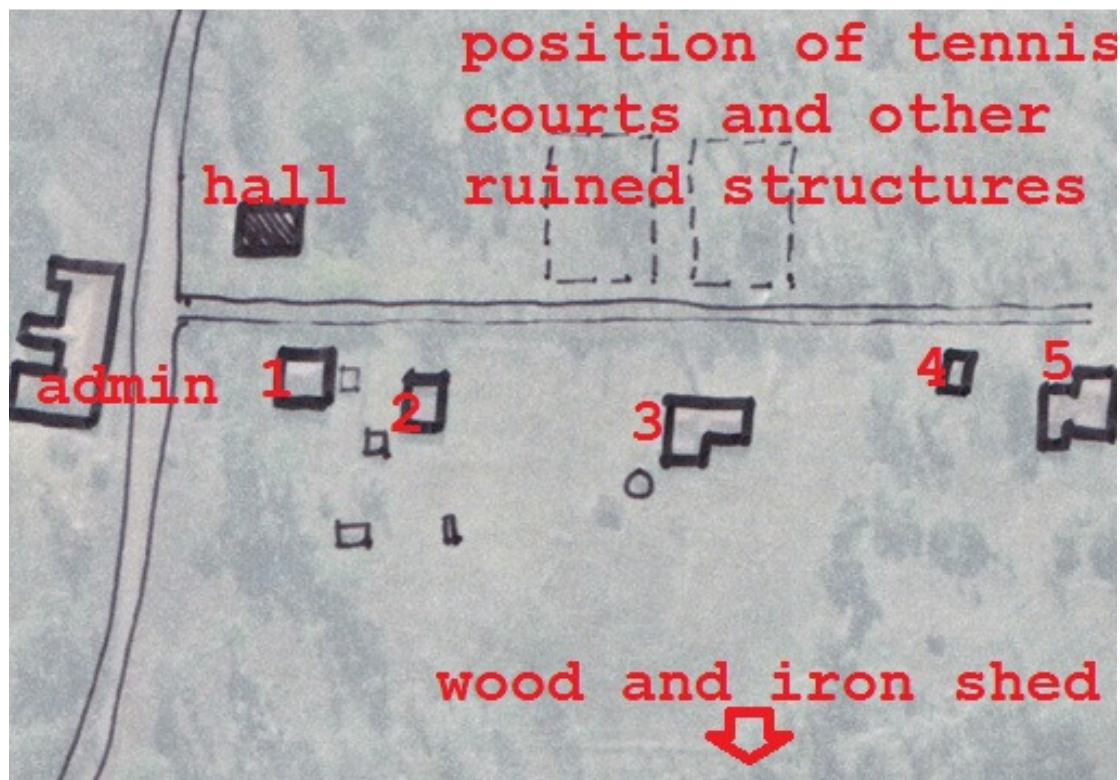


#### D. Mjanyana Hospital, Mjanyana

Mjanyana Hospital may only have been formally established as a Leper institution in 1893, but its history of association with Missionary activity dates to 1737, well before this time. Interestingly, it appears that the present village of Engcobo 'started' in the administrative building at Mjanyana, but was later moved to its present position.<sup>4</sup>

The intention is to concentrate the bulk of the development on the northern side of the site, ie. in the position of the old tennis courts and the hall. A helipad is to be situated between buildings 3 and 4.

It is highly unlikely that the position of this helipad will benefit the adjacent buildings which are already suffering badly from structural failure, or that these buildings, many of which are in bad repair, are likely to be restored. Thus, they have been briefly discussed, despite that the brief was to deal with the development footprint.



**Fig 65: Layout of site at Mjanyana – Hall is indicated as being demolished but all other buildings (1 through 5) on the other side of the access road are severely threatened.**

<sup>4</sup> This information was provided by Mrs Mbiyana from the Mjanyana Hospital. This research can be corroborated by the unverified sources in the references attached to this document.

## D.1 Thornton Hall

As noted, the intention is to demolish this building as it falls within the footprint of the intended development.

The Thornton Hall building is an unremarkable, clumsy structure with myriad architectural reference points which was opened on 6 December 1958. Thornton was a doctor at Mjanyana from 1925. Its asymmetrical entrance on the north has a peculiarly placed column which is offset from its base and top. Above the double leaved timber painted entrance doors is a plaque noting the date of its opening.



**Fig 66: Thornton Hall from the south**



**Fig 67: Thornton Hall from the south east**



**Fig 68: Entrance and column to entrance portico**

The walls are of conventional construction, plastered and painted, on top of a dark face-brick plinth.

The windows are standard steel stock items. They have strongly articulated brick-on-edge cills, and the doorways have similarly constructed 'eyebrows' which are at odds with the fenestration. On the southern and northern elevations, the external skin of brickwork rises as far as the head heights of the windows and doors.

The roof is a simply double pitched and of corrugated sheeting.

Thornton Hall	Local	Regional	National	International
architectural	low	low	low	low
historical	medium	low	low	low
social	medium	low	low	low
technical	low	low	low	low
scientific	low	low	low	low

***Statement of significance: Although the building is clumsy and inarticulate, its value in the community is evident in its name (Thornton Hall) and its dedication. It is a vital part of the cultural and historical landscape on a site in which the layers of endeavour are palpable and thus is not to be lightly dismissed.***

***Recommendation: Thornton Hall***

***This building, as noted, has little architectural merit, and its position in the historic community is noted. Furthermore, it is less than 60 years of age, meaning that motivation for its retention in terms of heritage legislation is required. Demolition, should it be required, is an option.***

***However, due to its position in a considered historic precinct on the site It is recommended that the building be measured up and fully documented in order that a record of it within its precinct, is kept, possibly as part of a display in the new hospital. Furthermore, there is much room for much further research into the Mjanayana Leper Institution which can add value to the above suggestion.***

## **General comments on houses:**

Given that the brief indicates a 'greenfields' development, and the development plan supports this endeavour, these houses have not been scrutinised carefully and this report does not intend to evaluate them separately in terms of heritage value. This section is merely to flag a row of buildings which, it is felt, will have, at some stage, to be demolished or repaired, either of which would need the input of heritage practitioners.

A number of these houses have old ruins of mud brick kitchens behind them, as well as other outbuildings of more recent construction. There are sundry other buildings which are at risk in the development process. These have not been discussed in this section. There is also a large wood-and-iron barn, well over the age of 60 years, which is far south of the footprint but could also be in danger in the development process.

### **D.2 House no 1**



***Fig 69: House no 1 from north***

This house is of conventional construction of brick and mortar and plastered and painted under a hipped corrugated iron roof. It is situated on a painted stone plinth. The windows are standard steel section, and the doors are timber. A veranda runs along part of the front elevation, supported by square masonry columns. It is enclosed on the end with a wall, in which is a single porthole window.

It is suspected that this house dates to the late 1950s. It is architecturally unremarkable. However, it does form part of a very carefully laid out row of houses.



### D.3

### House no 2



***Fig 70: House no 2 from north***



***Fig 71: Southern elevation with wild fig***

House number 2 is late Victorian, possibly 1895. It is a saddle-roofed corrugated iron building with a front veranda which has an end wall perforated with a single window. It is suspected that the veranda posts and beams have replaced any timber construction, and that the latter has been underpinned in the distant past, evidenced by the structural failure of the veranda. It is built of locally-made brick, which is soft, meaning that its strength over time is compromised with lack of maintenance which has led to large parts collapsing. Windows are timber, largely 6/6 sash, and hail guards have been mounted to most windows.



***Fig 72: Wall of east room***



***Fig 73: Wild fig in wall***

#### **D.4 House no 3**

This house also dates to the late Victorian period, possibly the same time. It is directly aligned with house 1 and house 2. It appears as though another house had been situated between them at some point in time.

It is of locally made brick, and a mixture of mud brick, plastered and painted under a hipped corrugated sheeting roof. It comprises two separate structures which have been joined together with a common veranda which acknowledges the change in level between them. The veranda posts are cumbersome brick piers, possibly added later after the original timber ones had rotted. A mud brick addition has been added to the rear. Channels run from the rainwater goods out into the garden.

Windows are 6/6 timber sash and those which are casement are also timber. Cast iron sub-floor and roof ventilators are still evident.



***Fig 74: View of house from north east***



***Fig 75: Showing proximity to House 2***



***Fig 76: Channels into garden***



***Fig 77: Veranda junction***



***Fig 78: Accretions to rear***



## **D.5 House no 4**

This building served as a wagon shed or garage. Constructed in English bond with locally made bricks, it is now structurally unsound. It has a hipped corrugated- iron roof and steel windows to two elevations and a timber door to one.



**Fig 79: North elevation**



**Fig 80: West elevation**



**Fig 81: South east elevation**



**Fig 82: East elevation**

## **D.6 House no 5**

This is a large, sprawling house of similar vintage (ca 1895) with multiple added accretions. It has double projecting bays on the north elevation, and these are joined by a long veranda. It is of mixed construction, mud brick and locally-made fired brick, under a largely hipped corrugated- iron roof. The north elevation still has evidence of fretwork.

As in number 3 above, extensive canalisation leads into the garden which is of interest. Also to note is what was possibly a horse trough located at the north western corner of the house.



**Fig 83: Front bay, north elevation**



**Fig 84: Front elevation**





***Fig 85: West elevation***



***Fig 86: South elevation***

## **D.7 Comments about landscape and cultural landscape**

The historic cultural landscape not only revolves around this specific precinct, but embraces the distant and spread out built environment that emanates from this. A vast infrastructure comprised the leper asylum in its day; it was noted as accommodating some 4000 lepers in blocks known colloquially as 'Leprosy' and 'Soweto', amongst others.

This particular precinct, possibly the domain of hospital senior staff, was also important. Besides the houses to the south of the access road and their associated kitchen buildings, evidence to the north, in the footprint of the proposed development, points to tennis courts, braai areas, and foundations of other buildings. The access road itself has a flagstone topping, and a stone lined furrow running alongside it.



***Fig 87: Ruined foundations to north of access road***



***Fig 88: Flagstones on access road***



***Fig 89: Water furrow along access road***



***Fig 90: Stairs to tennis court***

## **D.8 Concluding comments**

The Majanyana Leper Asylum, now the Mjanyana Hospital, is an extensive historical landscape comprising leper accommodation, medical facilities, religious facilities, administration, workshops and staff accommodation. The developmental footprint is focused on the administration section, particularly that zone in which it is suspected senior staff of the leper institution used to live. Most of these buildings date to the end of the 19<sup>th</sup> century. This area was carefully laid out, the houses are all in a perfect row, the street was lined with flagstones, and a stone-lined furrow channelled water. There were tennis courts and social facilities, no doubt also stables, cow sheds and the like. The Thornton Hall was constructed in this historic environment in the late 1950s. The intention of the developer is that the section of site comprising the tennis courts, some ruined buildings and the Thornton Hall will house the footprint of the new hospital, whereas the southern section, between the row of houses, will have a helipad.

To this end, the following is recommended:

- As in the recommendations regarding Thornton Hall – the building should be measured up and photographically documented in its context.
- That all the buildings and features including the canalisation on the south side of the site, as well as the admin block, be similarly documented, in order that a total site plan of the precinct can be compiled for the architectural and historical record.
- That on site handover, an historical archaeologist be present for the duration of the site clearing and excavation in order to document the ruined structures and to complete the picture of the historic landscape.
- That portions of the flagstone road and stone-lined furrow be retained in the development.
- That a researcher be contracted in order to compile coherent research from the Cape Archives to supplement this information.
- That a comprehensive display be assembled from the graphic material of the buildings and the research undertaken, of the leper institution and the at Mjanyana for exhibition in the foyer of the new hospital, or an identified, similar space.

## **D.9 References**

### **Killie Campbell Collections:**

Nessie Knight Club. Ca 1940. *Sulenkama*. Fundraising pamphlet

Assorted unreferenced historical research provided by Mrs Biyana at Mjanyana Hospital.  
Unreferenced and undated map, Transkei (ca 1900-1910) in author's possession.